



ADULT AND ADOLESCENT IMMUNIZATION

WHAT IS THE PUBLIC HEALTH PROBLEM?

- The incidence of vaccine-preventable diseases in adults in the United States is staggering – 46,000 to 48,000 adults die each year from vaccine-preventable diseases, and the societal costs exceed \$10 billion each year.
- Vaccine-preventable diseases result in a substantial cost to society.
- Influenza vaccination levels remain low for adults, as of 2002, : 67% for persons aged ≥ 65 and 29% for high-risk adults aged 18-64 years. Influenza vaccination levels among persons aged ≥ 65 were lower among blacks (52%) and Hispanics (47%) compared to non-Hispanic whites (70%). Rates are even lower for pneumococcal vaccination.
- Hepatitis B coverage, recommended for all adolescents, was only 44% among 13-15 year olds in 2000 based on parent-held vaccination records.

WHAT HAS CDC ACCOMPLISHED?

- Racial and Ethnic Adult Disparities in Immunization Initiative (READII) – In 2001, the Department of Health and Human Services (HHS) made the elimination of racial and ethnic disparities in influenza and pneumococcal vaccination coverage for people 65 years of age and older a priority. To address this priority, in July 2002 CDC established the READII project, a 2-year demonstration project in 5 sites. These sites are developing and implementing community-based plans by partnering with public health professionals, healthcare providers and community organizations.
- Adult Immunization Schedule – The first-ever adult immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP) was published by the CDC in 2002. The Schedule has been accepted by the American College of Obstetricians and Gynecologists and the American Academy of Family Physicians.
- Adult Clinic Assessment Software Application – The Adult Clinic Assessment Software Application (Adult CASA) is a tool that can be used by practitioners or clinic managers to estimate the vaccine coverage levels of the patients they serve and to help determine an appropriate course of action to improve coverage. The first iteration was produced and distributed in 2002.
- National Immunization Program (NIP) at CDC and Association of Teachers of Preventive Medicine “What Works” CD-ROM – Individual practice and clinic staff can use this tool to test their adult vaccination knowledge, reference a substantial amount of background material, review frequently asked questions and model practices, select strategies to increase vaccination rates and create an action plan.
- Memorandum of understanding between CDC and the Centers for Medicare and Medicaid Services (CMS) – CDC and CMS continue to collaborate to improve influenza and pneumococcal vaccination rates in nursing homes and hospitals.
- CDC Four-Center Initiative: Vaccines for Adults at Risk for Hepatitis (VFARH) – In a collaborative effort between four CDC centers, over the past several years, hepatitis A and B data were collected from 48 states, a few cities and territories. The data revealed that an estimated 3 million people are currently receiving services in public sector STD and HIV prevention facilities, nationwide. Based on risk and susceptibility data, it is estimated that approximately 383 thousand doses of hepatitis A vaccine and 3.75 million doses of hepatitis B vaccine would be needed to protect these people.

WHAT ARE THE NEXT STEPS?

CDC will continue work with other federal agencies, state and local health departments, and private and community partners to a) support state health departments to develop comprehensive plans for vaccination of adolescents and adults; b) address and ultimately eliminate persistent racial and ethnic disparities in adult immunization coverage levels; c) help improve physician and institutional practices leading to increased vaccination coverage among adolescents and adults; and d) collaborate with partners to increase hepatitis B vaccination coverage rates among high-risk populations.

For more information on this and other CDC programs, visit www.cdc.gov/programs.

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